

Automated Debit Authorization Agreement  
For prearranged payments (Debits)  
**\*\*NOT PUBLIC RECORD\*\***

This is my authorization to the City of Conover to automatically debit my ☐ checking or ☐ savings account. I understand that this authorization will be in effect until I notify the City of Conover, allowing a reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. If I have any changes to my account information I have to notify the City of Conover by the 6<sup>th</sup> of every month. **If I terminate my services my final bill does not draft.**

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and I am requesting credit back to my account.

**This authorization is nonnegotiable and nontransferable.**  
**Please attach a voided check with this form.**

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Print Name

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Water Account Number

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Date

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Customer Signature

- ☐ New Bank Draft Customer
- ☐ Changing Banks
- ☐ Changing accounts within the same bank